

University Temple Children's School
Family Culture, History, and Development Questionnaire

Child's Name: _____ DOB: _____
Nickname(s): _____ Today's Date: _____

In order to provide your child with the best care possible and meet their individual needs, please help us get to know your child by filling out this questionnaire. Thank you.

Family Culture:

Tell us about your family's mealtime routines.

Tell us about your child's sleeping routines (naptime & bedtime).

What activities do you enjoy as a family?

What books does your child enjoy?

What music does your family listen to?

How much media is your child exposed to?

How do you handle discipline, setting limits, and guidelines?

What holidays or special occasions does your family celebrate? Would you be willing to share any of these with us?

How does your culture deal with death or dying?

Family History

Who lives at your house (including pets)? Is there anyone else who spends a lot of time with your family?

What language(s) is/are spoken at home?

What is your family's cultural heritage?

Development

Has your child been in care before? What type?

How does your child respond in group situations?

Do you have any concerns about your child's development, including hearing, vision, speech, or movement? If yes, please explain.

Does your child have a life-threatening health condition, i.e. severe food or insect allergy, asthma, etc.?

What do you hope your child gains from our program?

Is there any additional information you feel is important for us to know about your child?